Name In Full Wm. F. Bennett

Certificate of Death

Died at Town Shachtown County Wicomico MARYLAND

Date 1899 Month 4 Day 25 Age Y. 75 M. D. Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Paralysis 44 How long sick

Immediate Accident, Suicide, Homicide

Reported by Salisbury Advertiser 4-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name In Full Wm. T. Bennett

Certificate of Death

Died at Town Thaxton County Wicomico MARYLAND

Date 189 9 Month 4-25 Day | Aga Y. 75 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick 1 year

Immediate — Accident, Suicide, Homicide

Reported by Courier Salisbury

Address May 6th

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70898

Name In Full

Certificate of Death

Elizabeth E. Birkhead

Died at Town: Salisbury County: Wicomico MARYLAND

Date 1899 Month 4 Day 13 | Age Y. 78 M. — D. 6 | Native of | Occupation housewife

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living 3

Husband / Wife of William Birkhead

Father's Name Robert Jones Mother's Name Mary Wood

Cause of Death: Primary Chronic Endocarditis 5 7 How long sick work

Immediate Rupture of Compensation Accident, Suicide, Homicide

Reported by Edwin Dashiell

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name In Full

Certificate of Death

Mrs. Elizabeth Birkhead

Died at Town Salisbury County Wicomico MARYLAND

Date 189 Month 9 Day 4 Y. 13 M. D. Age | Native of | Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Mrs Birkhead

Father's Name Levin Jones Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Wicomico Co. News 9-28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79818

Rev. A. J. Vandebogart, Salisbury

Name in Full

Certificate of Death

Bessie Brown

Died at Town Near Salisbury County Wicomico MARYLAND

Date 1899 Month April Day 12 Age Y. 4 M. D. Native of Md Occupation none

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower ~~Number of children living~~

Husband of Wife

Father's Name N. Jas. Brown Mother's Name Alice Elephant

Cause of Death Primary Burn How long sick 48 hrs

Immediate Burn 146 a Accident, ~~Suicide~~, ~~Homicide~~

Reported by Geo. W. Todd

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 70[illegible]

Name in Full | Certificate of Death

Mary E. Calloway

Died at Town: Salisbury County: Wicomico MARYLAND

Date 1899 Month: Apl Day: 10 Age 87 Y. M. D. unknown Native of: Don't Know Occupation: Housewife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number~~ of children living 7

~~Husband~~ Wife of Benjamin Calloway

Father's Name: Don't Know Mother's Name: Don't Know

Cause of Death: Primary Erysipelas with 125 How long sick: work or more

Immediate infirmities of age ~~Accident, Suicide, Homicide~~

Reported by F. M. Simmons M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85958

Name in Full | Certificate of Death

Jane Cottman

Town | County

Died at Salisbury Wicomico MARYLAND

Date 1899 Month Apr. Day 22 | Age Y. 6 M. 5 D. | Native of Maryland. | Occupation Servant

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living Don't know

~~Husband~~ Wife of Alec. Cottman

Father's Name Moses Hearn | Mother's Name Don't know

Cause of Death: Primary Hydrothorax 77 | How long sick Don't know

Immediate Heart failure | under treatment 4 days

~~Accident, Suicide, Homicide~~

Reported by Louis W. Morris M.D.

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name In Full

Certificate of Death

Hester Dashiell

Died at Town: Hebron County: Wicomico MARYLAND

Date 1899 Month: 4 Day: 5-d | Age Y.: 18 M.: - D.: - | Native of: Wicomico | Occupation: Washer-woman

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 0

Husband of / Wife

Father's Name: John Dashiell. Mother's Name: Mary Ellen Dashiell.

Cause of Death — Primary: Tuberculosis (Pulmonary) — How long sick: 5 months

Immediate: Apnoea 22a — ~~Accident, Suicide, Homicide~~

Reported by: J. McPhelick M.D.

Address: Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70998

Name In Full — Certificate of Death

Gordon Dorman

Died at Salisbury (Town) Wicomico (County) MARYLAND

Date 1897 — Month April 25 — Day — Age Y. 11 M. 0 D. — Native of Md. — Occupation none

Male / ~~Female~~ — ~~White~~ / Colored — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ — ~~Number of children living~~

~~Husband~~ / ~~Wife~~ of

Father's Name John Hearn — Mother's Name Annie Dorman

Cause of Death — Primary: Don't know — How long sick: about 4 Months

Immediate: not known — ~~Accident, Suicide, Homicide~~

Reported by Geo. C. Hill

Address Salisbury Md.

161

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79808

Attended by Dr. None

of

Seen by Coroner None

at

Information contained in this certificate received from

of William Hudson Cold.
Salisbury Md.

Name in Full — Certificate of Death

Joshua G. Holloway

Died at Town: New Salisbury — County: Wicomico — MARYLAND

Data 1899 — Month: April — Day: 24 — Age: Y. 52 M. 2 D. 10 — Native of: Md — Occupation: Farmer

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living: 6

~~Wife~~ Husband of Gertie Holloway 92

Father's Name: Daniel Holloway — Mother's Name: Caroline Parsons

Cause of Death — Primary: Acute Bilious with Catarrhal Jaundia — How long sick: 3 4/7 weeks

Immediate: Not certain — Some Brain involvement — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Geo. H. Todd

Address: Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68868

Name in Full Frank Horsey

Certificate of Death

Died at Town Salisbury County Wicomico MARYLAND

Date 189 9 Month April Day 19 Age Y. 53 M. D. Native of Maryland? Occupation Laborer

Male ~~Female~~ ~~White~~ Colored Married Single Widow Widower Divorced Number of children living 2

Husband ~~Wife~~ of Martha Foster

Father's Name Don't Know Mother's Name Don't Know

Cause of Death: Primary Syphilis? How long sick 24

Immediate Specific Heart Disease Accident, Suicide, Homicide

Reported by Geo. H. Todd

Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65168

Name in Full John Quinton

Certificate of Death

Town Sharptown County Wicomico

Died at near Sharptown MARYLAND

Date 189 9 Month 4 Day 5 Age Y. M. D. Native of Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Wicomico News

Address 4-13/99

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name In Full: Not named Rivach

Certificate of Death

Died at Town: Mitchis County: Wicomico MARYLAND

Date 1899 Month: 4 Day: 18

Age Y.: 2 M.: ✓ D.: ✓

Native of: Wicomico

Occupation: ✓

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife: ✓

Father's Name: J Lemuel Ruark

Mother's Name: 54

Cause of Death: Primary: Meningitis following mastoiditis (operation refused)

Immediate: Exhaustion.

How long sick: 10 days

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: J. M. F. Dick.

Address: Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full

Certificate of Death

Charles Ernest Smith

Died at Town. Salisbury County. Wicomico MARYLAND

Date 189 9 Month April Day 4 Age Y. M. D. Native of Md Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 1

Husband / Wife of May Hammond

Father's Name Daniel Smith

Mother's Name Dont Know

Cause of Death: Primary Brights Disease How long sick 6 months

Immediate T. Uremia 97 ~~Accident, Suicide, Homicide~~

Reported by E. M. Simmons

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 67165

Name in Full Lee Truitt

Certificate of Death

Died at Town Athol County Wicomico MARYLAND

Date 189 9 Month 4 Day 30 Age Y. 2 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Joseph Truitt Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Courier, Salisbury

Address 5-5

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78808

Name in Full — Certificate of Death

Elizabeth Williams

Town — County

Died at East Salisbury, Wicomico — MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 Apl.	22	Age 48	11		Maryland	Housework

~~Male~~ Female — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living

Husband / Wife of Samuel Williams

Father's Name Clayton Phippin — Mother's Name Don't Know

Cause of Death — Primary: Consumption 22a — How long sick 6 or 8 months

Immediate: General Debility & Consumption — ~~Accident, Suicide, Homicide~~

Reported by Louis W. Williams Bro

Address Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON